

Send Registration Card with **Non-Refundable \$30 Deposit fee** to: Camps, American Baptist Churches of WI, 15330 Watertown Plank Rd., Elm Grove, WI 53122-2391. Advance Fees paid (minus Deposit) are refundable upon cancellation notice to office received at least two weeks prior to start of camp. Total amount due is required at time of registration, including church portion.

## YOUTH CAMP REGISTRATION CARD

NAME \_\_\_\_\_ F M  
Please print Last First Circle One

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ / \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ / \_\_\_\_\_ AGE \_\_\_\_\_ GRADE COMPLETED 03 \_\_\_\_\_

CAMPER SIGNATURE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**All above information is mandatory with exception of email.**

### Parent/Guardian Names:

Relationship \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_

Emergency Phone numbers Home \_\_\_\_\_ / \_\_\_\_\_

Work \_\_\_\_\_ / \_\_\_\_\_

My child/camper understands all regulations listed in brochure and camp covenant and has agreed to abide by them.

\_\_\_\_\_  
Parent/Guardian Signature

### Completed by Pastor, Church Coordinator, or Parent

Camper Registering for \_\_\_\_\_ Camp

Dates \_\_\_\_\_

\_\_\_\_\_ will pay

Church name

\$ \_\_\_\_\_ toward the camper's total fee for camp.

\_\_\_\_\_ Date \_\_\_\_\_  
Church Representative Signature

**Campers may make one request for cabin mate. This request has to be made on this form and only two campers will be placed together. No requests can be made at time of registration on opening day of camp. I request to share a cabin with:**